

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Ohana Loving Care, LLC	CHAPTER 700
Address: 1200 Ala Moana Blvd, #380, Honolulu, Hawaii 96814	Inspection Date: November 25, 2020 Initial

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-4 <u>License</u>. (f) A home care agency shall post the license issued by the director in a conspicuous place on the premises of the home care agency.</p> <p><b><u>FINDINGS</u></b> Home Care Agency (HCA) license not posted in a conspicuous place on the office premises.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>License was placed in a frame &amp; posted on the wall of the office</i></p>	<i>12/21/20</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-4 <u>License</u>. (f) A home care agency shall post the license issued by the director in a conspicuous place on the premises of the home care agency.</p> <p><b><u>FINDINGS</u></b> Hone Care Agency (HCA) license not posted in a conspicuous place on the office premises.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will assign a staff or myself to check the wall every three (3) months where the license is posted to make sure it's there hanging on the wall.</i></p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p><i>ongoing</i></p> <p>21 APR 29 12:40</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (d)(5) The home care agency shall:</p> <p>Maintain client records, job descriptions, and human resource reports and policies; and</p> <p><b><u>FINDINGS</u></b> Records are not maintained in the agency's office per policy.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>we revised our policy that all records are cloud based.</i></p> <p><i>All home care records are stored on the cloud based system online to ensure records are kept securely.</i></p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p>21 APR 29 PM 2:40</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (d)(5) The home care agency shall:</p> <p>Maintain client records, job descriptions, and human resource reports and policies; and</p> <p><b><u>FINDINGS</u></b> Records are not maintained in the agency's office per policy.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>we will ensure that the policy is updated. If there's any changes, we will revise it accordingly</i></p> <p><i>Re: policies on client records, job descriptions, &amp; human resources will be updated</i></p> <p><i>The administrator will be in charge to ensure that records are maintained according to company policy</i></p>	<p>21 APR 29 PM 2:40</p> <p>STATE OF HAWAII DHHS COMMUNITY CARE LICENSING</p>

Licensee's/Administrator's Signature:

*[Handwritten Signature]*

Print Name:

*Susan DEBLOIS*

Date:

*April 29/21*

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

21 APR 29 PM 2:40